

NEW YORK STATE DEPARTMENT OF HEALTH

**Biomonitoring Project to Assess Body Burden of Perfluorooctanoic Acid (PFOA):
Hoosick Falls Area, Rensselaer County, NY**

E. ADULT INFORMED CONSENT FORM

The New York State Department of Health (NYSDOH) is testing for PFOA (Perfluorooctanoic Acid) in the blood of people who may have been exposed to PFOA from the public water supply in the Village of Hoosick Falls, Rensselaer County, NY or from other nearby sources. If your blood level is higher than that of most people of your age and gender, then you may have been exposed at some point in your life to more PFOA than most people. Although there is no medical treatment for elevated blood levels of PFOA, PFOA levels will gradually be reduced by limiting exposure. It is important to know that measuring a person's blood level of PFOA does not tell us whether a health effect will occur.

Procedures

A phlebotomist will collect a sample of your blood (about 4 teaspoons) with a needle to determine levels of PFOA. You will also be asked some questions about how much water you have consumed, your age, where you have lived, and your job history.

Risks and Discomforts from the Procedures

Taking a blood sample from your arm may result in some discomfort, mild swelling, and bruising. We are aware of no other risks.

Results

We will mail your blood test results to you. If you wish, we can also provide the test results to your personal physician (or other health care provider). If you do not want to share your results with your personal physician, a NYSDOH physician will be available to review the results. Although a NYSDOH physician cannot act as your treating physician, he or she may receive and discuss these results with you.

Results from the blood testing will remain strictly confidential and will be provided only to you, and if you wish, your physician, as described above. At no time will your name be mentioned, or your results shared with anyone else. Reports about this investigation will include statistical information about group-level results only. Your participation is voluntary and you will not be penalized in any way if you choose not to participate. You have the right to receive answers to any questions you may have concerning this project, and you may stop participating at any time.

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CONSENT FOR TESTING FOR PFOA

I have read the above information about the Biomonitoring Project to Assess Body Burden of Perfluorooctanoic Acid (PFOA): Hoosick Falls Area, Rensselaer County, NY. I have been allowed to ask questions and I had all my questions answered. I am being given a copy of this consent form and I would like to participate in this project.

(Check one box.)

☐ Yes

☐ No

CONSENT FOR ADDITIONAL TESTING IN THE FUTURE

I give NYS DOH permission to store my blood to test for additional contaminants in the future.

(Check one box.)

☐ Yes, and I do not need to be contacted before testing my stored blood for other contaminants.

☐ Yes, but contact me before testing my stored blood.

☐ No

SIGNATURE (attesting to CONSENT information above)

Name of Participant: _____

Signature and Date: _____ DATE _____

Print Name of Witness/Interviewer: _____

Signature and Date: _____ DATE _____

If you have any questions about the project, please call: Betsy Lewis-Michl, Principal Investigator, or Project Coordinators, Karen Wilson or June Moore, at (518) 402-7950.